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**AGO ltr 29 Apr 1980**

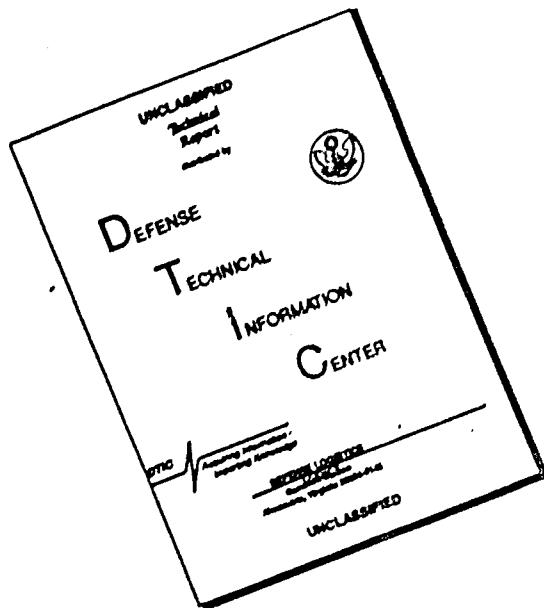
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DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D.C. 20310

IN REPLY REFER TO

AGDA (M) (27 Jan 70) FOR OT UT 694255 ✓

29 January 1970

SUBJECT: Operational Report - Lessons Learned, Headquarters, 67th Medical Group, Period Ending 31 October 1969

SEE DISTRIBUTION

AD 865142

1. Subject report is forwarded for review and evaluation in accordance with paragraph 4b, AR 525-15. Evaluations and corrective actions should be reported to ACSFOR OT UT, Operational Reports Branch, within 90 days of receipt of covering letter.
2. Information contained in this report is provided to insure appropriate benefits in the future from lessons learned during current operations and may be adapted for use in developing training material.

BY ORDER OF THE SECRETARY OF THE ARMY:

KENNETH G. WICKHAM  
Major General, USA  
The Adjutant General

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FEB 20 1970

B

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UNCLASSIFIED REPORT

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(ARMY), ATTN: FOR-OT-UT. WASHINGTON, D.C. 20310

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 67TH MEDICAL GROUP  
APO San Francisco 96349

AVBJ CC-O

12 November 1969

SUBJECT: Operational Report - Lessons Learned, Headquarters, 67th Medical Group for Period Ending 31 October 1969, RCS CSFOR-65(R2)

Assistant Chief of Staff for Force Development  
Department of the Army  
Washington, D.C. 20310

1. Section I, Operations: Significant Activities.

a. During the period 1 August 1969 to 31 October 1969, the 67th Medical Group commanded and controlled 19 assigned units. During the same period the 67th Medical Group deactivated the 74th Medical Battalion and assumed all of its logistical and administrative responsibilities. The 91st Evacuation Hospital assumed the medical mission of the 312th Evacuation Hospital, which was returned to CONUS. On 1 September, the 22d Surgical Hospital (MUST) was closed. The 616th Medical Company (Amb) was re-located to the Chu Lai area and attached to the 27th Surgical Hospital. The 3/616th Medical Company (Amb) remained at Phu Bai to support the 85th Evacuation Hospital, and provide area medical support to divisional and non-divisional units. A number of other professional medical teams were deactivated during this period. Organization of the 67th Medical Group as of 31 October is shown in inclosure 1. Total operating beds available within the 67th Medical Group hospital facilities at the end of the period was 958. Admission and disposition workload data for group hospitals during this period is shown in inclosure 2. Work loads for air and ground ambulance movement are shown in inclosure 3. A list of distinguished visitors is attached as inclosure 4.

b. During the reporting period, Colonel Daniel W. Pratt, MC, was the Commanding Officer, 67th Medical Group. Lieutenant Colonel Frank A. Ortega, MSC, served as the Executive Officer and Command Sergeant Major James H. Smith served as the group Command Sergeant Major. Major James L. Wheatley, MSC, served as S1 until his departure by air medical evacuation on 20 October 1969. Major James G. Vermillion, MSC, replaced Major Wheatley for the remaining portion of the reporting period. Lieutenant Colonel Kenyon L. Forrest, MSC, was the S3 and Lieutenant Colonel Buckley L. Drenner, MSC, served as the S4. Major Jessie S. Brewer served as the staff Dietitian and Major George E.T. Stebbing served as staff Preventive Medicine Officer.

FOR OT UT  
694255

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SUBJECT: Operational Report - Lessons Learned, Headquarters, 67th Medical Group for Period Ending 31 October 1969, RCS CSFOR-65(R2) (cont)

c. Under the direct supervision of this headquarters newly arrived personnel assigned to group units received an incountry orientation and required replacement training, with special arrangement made for non-combatants, at the Americal Combat Center, Chu Lai. In September, Counter Sapper instructions and demonstrations were presented to group representatives by a team from the 199th Light Infantry Brigade. Since the initial instructions, all group units have completed this valuable training.

d. During this quarter the 67th Medical Group supported the following major tactical operations in XXIV Corps area comprising the 101st Airborne Division (Airmobile), the 1st Brigade, 5th Infantry Division (Mechanized) and the 3d Marine Division: Main Craig, Purple Martin, Kentucky Jumper, Massachusetts Striker, Ellis Ravine, Horton Falls, Fulton Square, Republic Square. In the Americal Division Area: Geneva Park, Frederick Hill, Iron Mountain, Nantucket Beach, Pipestone Canyon.

e. The 67th Medical Group aircraft logged a total of 5007 flying hours, evacuating 16,377 patients. Twenty-three incidents of aircraft sustaining damage as a direct result of hostile fire were reported. Seventeen were classified minor and six as major damage. Eleven individuals assigned to group Dustoff units sustained wounds, two of whom required out of country evacuation.

f. Relocation of the 172d Preventive Medicine Unit (Fld) from An Khe to Da Nang was accomplished in August. This move provided additional second echelon preventive medicine service capability within I CTZ in the areas of epidemiology, sanitary engineering, entomology and veterinary medicine. Sections of the 172d PMU are located at Phu Bai, Chu Lai, Quang Tri and Duc Pho. The Commanding Officer of the 172d PMU was added to the 67th Medical Group staff as group Preventive Medicine Officer. Since its assignment to the 67th Medical Group the 172d PMU began an active survey project to evaluate all water points in I CTZ. None of the water points have been approved IAW USARV regulations, and each will be completely analyzed. All water points in northern I CTZ have now been surveyed. The 172d PMU operates three helicopter aerial spray rigs which are used in mosquito control throughout I CTZ.

g. The Food Service Section, 67th Medical Group, made 63 staff visits during this quarter. Emphasis was placed on mess hall sanitation, mess management, personnel utilization, food procurement, ward food service, garrison mess equipment installation and general upgrading of the hospital Food Service Divisions. The installation of mess equipment in the 85th Evacuation Hospital completes installation of mess equipment in all mess halls subordinate to this headquarters. The 85th Evacuation Hospital also laid tile in all dining rooms and, after enclosing the enlisted dining rooms, air conditioners were installed. This was a major improvement owing

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SUBJECT: Operational Report - Lessons Learned, Headquarters, 67th Medical Group for Period Ending 31 October 1969, RCS CSFOR-65(B2) (cont)

to the fact that the dining room is adjacent to the helipad and the area is very dusty. Rations served during this reporting period:

	Aug	Sep	Oct	Total
Total Rations Served	73405	65899	69432	208736
Patient Rations Served	17840	16210	16347	50397
Modified Diets	.1695	1613	1473	4781

2. Section II, Lessons Learned: Commander's Observations, Evaluations and Recommendations.

a. Personnel: None

b. Intelligence: None

c. Operations:

(1) Medical Helicopter Evacuation

(a) OBSERVATIONS:

1. Because of joint operations with the Marines in I CTZ, it has been possible to compare Army and Marine medical evacuation techniques. It is Marine Corps practice to evacuate battle casualties using CH-46 type helicopters belonging to their logistical support force. These helicopters do not belong to the medical service but two are assigned the mission of providing medical evacuation. The crews are changed every eight hours. For purposes of medical evacuation they are equipped with litters and staffed with medical corpsmen. Evacuation missions are received from the field over the tactical net, passed through the Direct Air Support Center to the helicopter unit concerned. The Marines customarily send out two helicopters together, the theory being that if one gets in trouble the other can provide assistance. For the past five months the 3d Marine Division has evacuated an average of 1400 patients per month in this manner. Marine helicopters rarely pick up single patients. Marines prefer to wait for a load of patients to accumulate before sending out a helicopter or pair of helicopters in order to make the most use of these large aircraft. During the same period, Army Dustoff units evacuated roughly similar numbers from Army and ARVN divisions. It is Army practice to send a single UH-1H medical helicopter ambulance in response to any call from the field. Calls are received directly by Dustoff units over their AN-VRC 47 radios directly from tactical unit headquarters. Slightly less than half of all Dustoff pickups are for single patients, the others most commonly being

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SUBJECT: Operational Report - Lessons Learned, Headquarters, 67th Medical Group for Period Ending 31 October 1969, RCS CSFOR-65(R2) (cont)

two or three patient loads. Response time of a Dustoff aircraft is quick, usually less than one-half hour from the time the message is received until the aircraft lands at the field pickup point.

2 In comparing operations of Army and Marine field evacuations, it is interesting to observe the frequency with which Marine combat units request Army Dustoff aircraft to come to their assistance. The request is usually made to take out a single serious casualty for whom delay in evacuation is a threat to survival. These calls stem from a much longer waiting time involved in getting a Marine helicopter to the pickup site which in turn seems to reflect a slower communications system plus a reluctance to use the large Marine helicopters on single pickup missions. About 10% of Marine wounded in the 3d Marine Division have been picked up by Army Dustoff helicopters, most of the patients being seriously wounded in need of urgent treatment. Another factor in the Marines use of Dustoff has been the ability of the smaller Dustoff helicopters to get into difficult areas in bad weather. Not infrequently, Dustoff flies when Marine helicopters are grounded by the weather.

(b) EVALUATIONS:

1 The Army system of having small helicopter ambulance detachments dedicated to medical field evacuation and under direct control of medical field units has provided the most responsive and flexible battlefield evacuation service in Vietnam. Response time is shorter, ability to move in adverse weather is far greater, and flexibility in use for single patient loads is better.

2 The chief factor in rapid and effective field evacuation in the Army appears due to vertical command control and communications by a service that is dedicated to the patient. In the Marines, medical field evacuation is part of the general logistical function of their support echelon. It operates through tactical field command communications and the aerial troop and cargo transport units which are not primarily dedicated to the medical service objectives of quick response to the needs of wounded in the field.

3 In I CTZ there are thirty Army helicopter ambulances in five separate detachments. Each helicopter averages 146 field pickups per month in addition to many lateral transfer and other missions. Were it possible to use motor ambulances, movement of these patients over the same distances would take seven times as long at best, and under no circumstances could ground ambulances be employed in any numbers or manner to improve this response.

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SUBJECT: Operational Report - Lessons Learned, Headquarters, 67th Medical Group for Period Ending 31 October 1969, RCS CSFOR-65(R2) (cont)

(c) RECOMMENDATIONS:

1 That control of medical evacuation means by a non-medical supporting service be avoided.

2 That the concept of a vertically organized medical field evacuation service under medical control be supported as the most effective means for handling casualties in battle.

3 That the use of small, utility helicopters for field evacuation is preferable to the use of cargo type helicopters.

(2) Joint Service Medical Regulating at Group Level.

(a) OBSERVATION: The combined medical regulating facility established 18 May 1969 has proved to be a successful regulating activity controlling all patient movement within I CTZ.

(b) EVALUATION:

1 Having both Army and Navy/Marine medical regulators operating together has resulted in maximum use of evacuation resources and medical capabilities. During peak periods of casualty admissions, regulators have had available the hospital capabilities and patient loads for each hospital under Army and Navy/Marine control in I CTZ. As such it has been found that a combined regulating activity allows each service to effect patient treatment and evacuation in a more expeditious manner. This improvement can be attributed to the increased backup support provided between services, to include the elimination of imbalances in patient regulating and communication breakdowns.

(c) RECOMMENDATION: Combined medical regulating activities should be established at group level in any area of operation where the medical support responsibility is shared by more than one service.

d. Organization: None

e. Training: \*

(1) MUST Hospital Disassembly and Packing Training:

(a) OBSERVATION: In the shutdown of the MUST hospital, the personnel doing the actual packing of the unit were unfamiliar with the entire operation.

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SUBJECT: Operational Report - Lessons Learned, Headquarters, 67th Medical Group for Period Ending 31 October 1969, RCS CSFOR-65(R2) (cont)

(b) EVALUATION: The personnel doing the actual work of packing were the TOE unit personnel who had no knowledge of the assembly or disassembly and packing of the MUST units. The packing lists were not up-to-date, nor were they descriptively adequate enough to instruct these personnel in the packup. This was one of the biggest problems to be overcome.

(c) RECOMMENDATION: That MUST packing lists be updated and adequately diagrammed so as to enable inexperienced personnel to accomplish the pack-up with a minimum of expertly trained personnel. That a small group of MUST experts be made available to the closing unit to give technical and supervisory assistance.

(2) Cleaning and Packing MUST Equipment:

(a) OBSERVATION: Two teams are required, one to clean and one to take down and pack the equipment.

(b) EVALUATION: Before the equipment could be TI'd properly, it had to be cleaned. For the medical equipment this took knowledgeable personnel, who used the items, to make up the first team. The second team actually did the packing of the equipment into the ward boxes, etc., after the TI's were complete.

(c) RECOMMENDATION: That a team of technicians who actually use the equipment be kept with the hospital until the cleaning of the sensitive items is complete. This will be in addition to the team for the actual takedown and packing of the units.

g. Communications:

(1) Single Side Band Radios:

(a) OBSERVATION: The single side band radios, a non-standard item, has received extensive use by units of the 67th Medical Group. However, due to the inability to erect required antennas, this radio has not performed to maximum capability.

(b) EVALUATION: Experience has shown that the single side band radio can be fully utilized only if adequate antennas are installed. This headquarters and assigned units do not have the equipment required to erect antennas capable of transmitting for great distances.

(c) RECOMMENDATION: Single side band radios should be considered for adoption as TOE equipment.

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12 November 1969

SUBJECT: Operational Report - Lessons Learned, Headquarters, 67th Medical Group for Period Ending 31 October 1969, RCS CSFOR-65(R2) (cont)

h. Material: None

i. Other: None

*D.W. Pratt*  
D.W. PRATT  
COL, MC  
Commanding

4 Incl

1. Organizational Chart
2. Hospital Admissions and Dispositions
3. Air and Ground Ambulance Evacuation
4. Distinguished Visitors

Incl 4 wd HQ, DA

AVBJ PO (12 Nov 69) 1st Ind MAJ Bouchelion/bw/2202  
SUBJECT: Operational Report - Lessons Learned, Headquarters, 67th  
Medical Group for Period Ending 31 October 1969, RCS CSFOR-65  
(R2)

DA, Headquarters, 44th Medical Brigade, APO 96384 13 Dec 69

TO: Commanding General, United States Army, Vietnam, ATTN: AVHGC-DST,  
APO 96375

This headquarters has reviewed subject report and submits the following comments:

- a. Reference para 2c (1), basic report: Concur.
- b. Reference para 2c (2), basic report: Concur.
- c. Reference para 2e (1)(c), basic report: MUST trained personnel from the 32d Medical Depot were made available to the unit at the time of closedown and gave supervisory and technical assistance to the unit in roll-up and packing operations.
- d. Reference para 2e (2)(c), basic report: Concur.
- e. Reference para 2g (1), basic report: The Single Side Band radio, AN-FRC 93, is presently authorized on MTOE 8-122GP02.

FOR THE COMMANDER:

*Douglas Lindsey*  
DOUGLAS LINDSEY  
Colonel, MC  
Deputy Commander

CF:  
CO, 67th Med Gp

AVHGC-DST (12 Nov 69) 2d Ind

SUBJECT: Operational Report-Lessons Learned, Headquarters, 67th Medical Group for Period Ending 31 October 1969, RCS CSFOR-65 (R2)

HEADQUARTERS, UNITED STATES ARMY, VIETNAM, APO San Francisco 96375      5 JAN 1970

TO: Commander in Chief, United States Army, Pacific, ATTN: GPOP-DT,  
APO 96558

1. This headquarters has reviewed the Operational Report-Lessons Learned for the quarterly period ending 31 October 1969 from Headquarters, 67th Medical Group.

2. Comments follow:

a. Reference item concerning "Medical Helicopter Evacuation", page 3, paragraph 2c(1); concur. This ORLL further substantiates the concept in FM 8-16-1 (Test) placing Field Army medical assets under the Senior Medical Commander for greater flexibility and responsiveness to needs of the command. Utilization of small helicopter also provides better coverage, shorter response time and greater versatility for battlefield pickups.

b. Reference item concerning "MUST Hospital Disassembly and Packing Training", page 5, paragraph 2e(1) and 1st Indorsement, paragraph e; concur. Instructional materials are available which illustrate the packing procedures and should be part of the training effort of the unit. MUST personnel are available to give supervisory and technical assistance in roll-up and packing operations.

c. Reference item concerning "Cleaning and Packing MUST Equipment", page 6, paragraph 2e(2); concur. The cleaning and packing of MUST sensitive items is accomplished by operator technicians from the unit and assisted by MUST trained personnel from the 32d Medical Depot.

FOR THE COMMANDER:



MAJ.

Assistant Adjutant General

Cy furn:  
67th Med Gp  
44th Med Bde

GPOP-DT (12 Nov 69) 3d Ind

SUBJECT: Operational Report of HQ, 67th Medical Group for Period Ending  
31 October 1969, RCS CSFOR-65 (R2)

HQ, US Army, Pacific, APO San Francisco 96558 14 JAN 70

TO: Assistant Chief of Staff for Force Development, Department of the  
Army, Washington, D. C. 20310

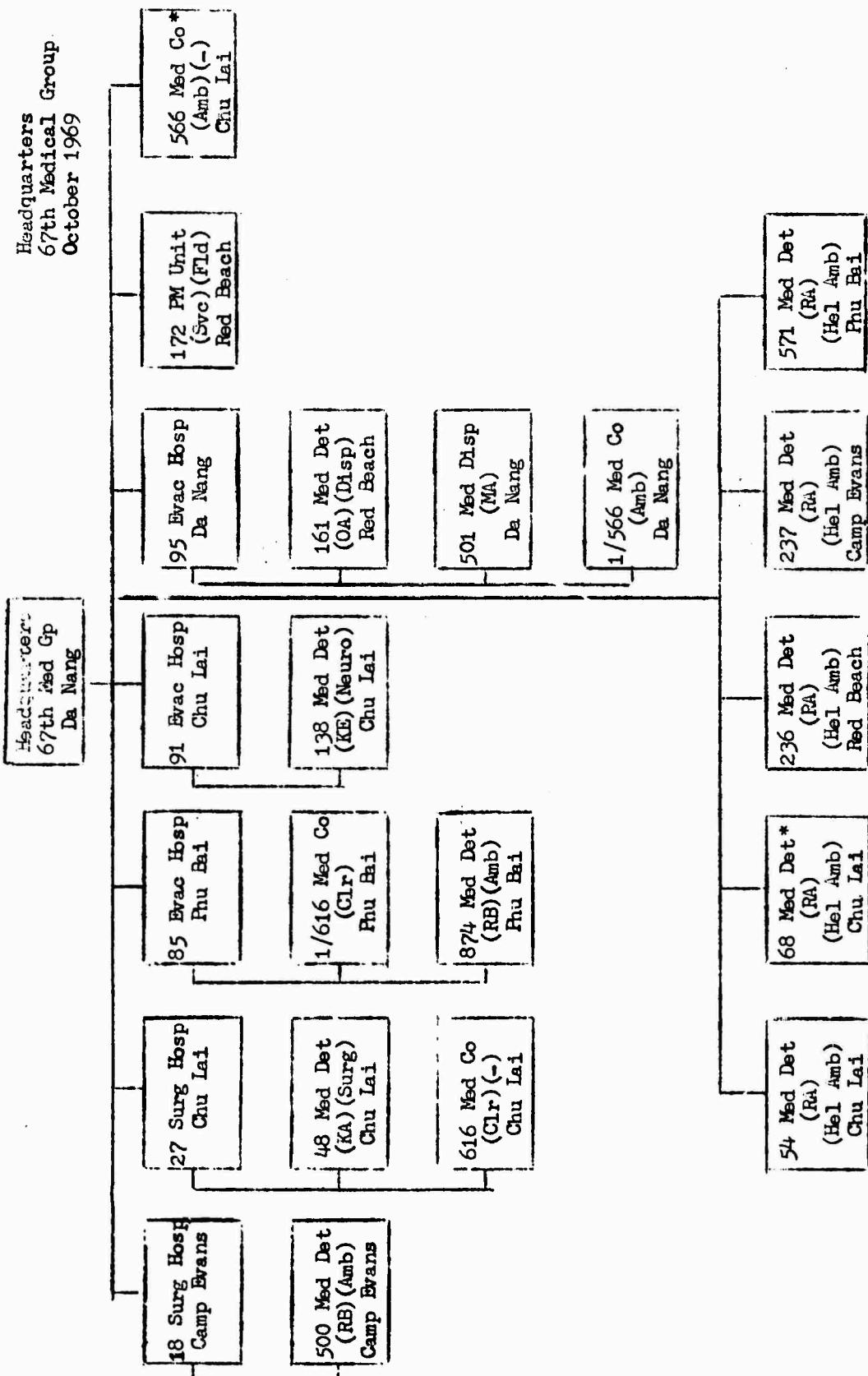
This headquarters concurs in subject report as indorsed.

FOR THE COMMANDER IN CHIEF:



E. L. SHORTT  
CPT, AGC  
Asst AG

Headquarters  
67th Med Gp  
Da Nang  
October 1969

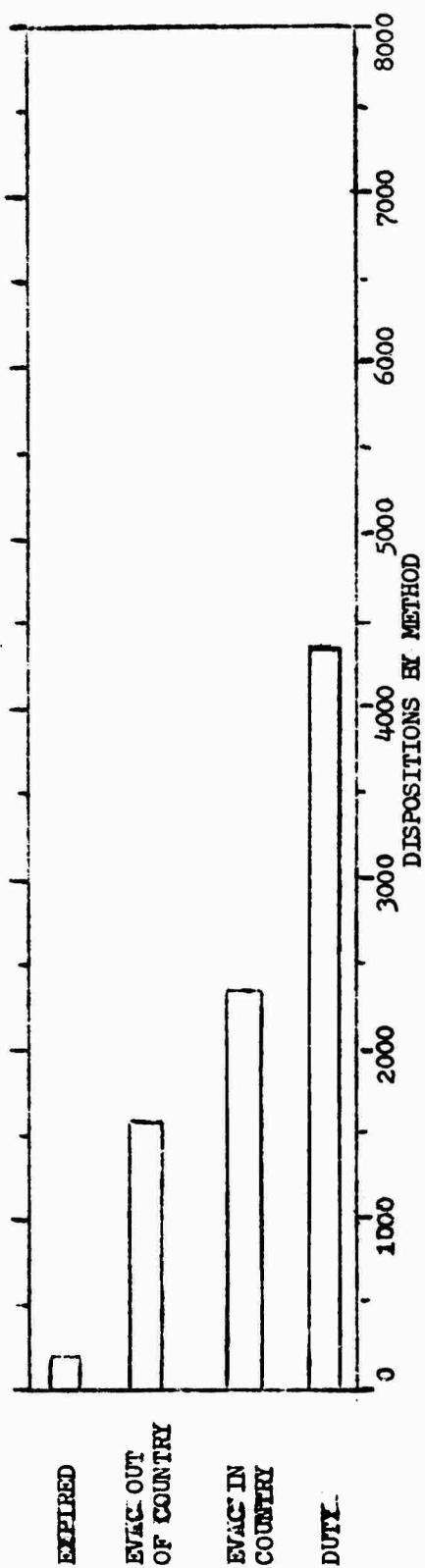
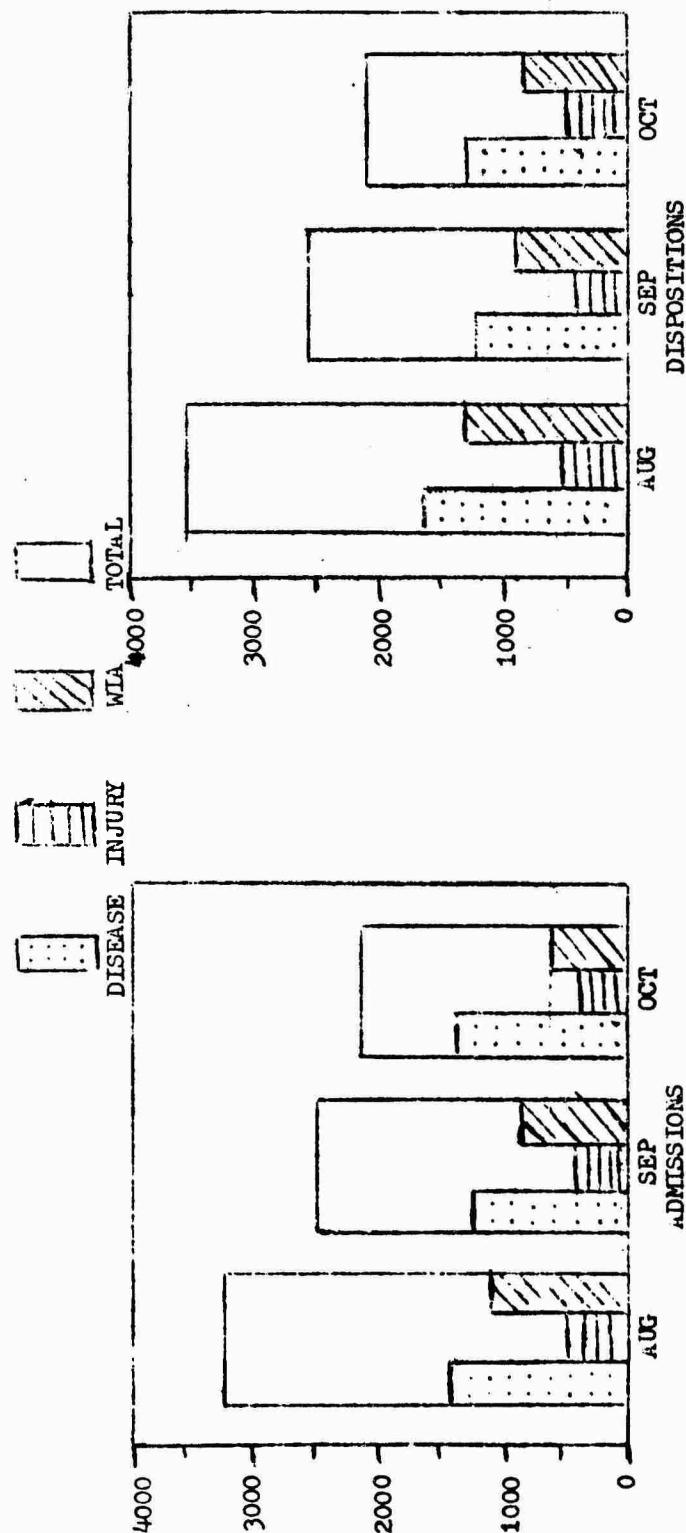


Inclosure 1

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\* Attached to 54th Med Det (Ra) for Operational Control.  
 Remarks: 1. 74th Med Bn-238th Med Det (Ka)-563d Med Det (Clr)-915th Med Det (XH) non-operational - units zeroed out.  
 2. 1st Med Lab-4th Adv Plt, 32d Med Dep-507th Med Det (FC) attached for admin and logistical support.

ADMISSIONS AND DISPOSITIONS  
67TH MEDICAL GROUP HOSPITALS FACILITIES  
AUGUST THRU OCTOBER 1969



Inclosure 2

AMBULANCE EVACUATION  
67TH MEDICAL GROUP UNITS

AUGUST - OCTOBER 1969

	AIR	GROUND	GRAND TOTAL
US	6369	5441	11810
FWMAF	58	22	80
ARVN	2813	471	3284
OTHER	7137	1377	8514
GRAND TOTAL EVACUATED	16377	7311	23688
TOTAL MISSIONS	7195	3944	11139

Inclosure 3

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